

ACT 493 -ANNUAL STATE VEHICLE REQUEST (To be submitted in July)

Page _____ of _____

AGENCY:										AGENCY CODE:		
Prepared by:					Telephone No.:				For Fiscal Year:			
VEHICLE TO BE REPLACED								REPLACEMENT VEHICLE		TO BE COMPLETED BY DFA - ADMINISTRATIVE SERVICES		
YEAR	MAKE	MODEL BODY STYLE	LICENSE NUMBER	VIN. NO. (1)	ACTUAL MILEAGE	REPL. CODE (2)	CONT. TYPE (3)	OPTIONS (4)	REQUEST NUMBER	DATE APPVD	MISCELLANEOUS	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

Department Director's Signature: _____

Date: _____

REQUESTING AGENCY WILL COMPLETE ALL ENTRIES FROM YEAR THROUGH OPTIONS(4).

- (1) Enter last four (4) digits of Vehicle Identification Number.
- (2) Enter appropriate Replacement Code: A = Age of vehicle (over 5 years old) M = Mileage (over 75,000 miles) C = Projected cost of maintenance over next 12 months.
If Replacement Code of "C" is entered, indicate 12 month repair cost and wholesale value of vehicle on separate sheet. **ONLY ONE CODE REQUIRED**
- (3) Enter requested vehicle type from State Vehicle Contract, i.e., TYPE AA - 2 door subcompact hatchback.
- (4) Enter options from State Vehicle Contract, i.e., Option B - Automatic Transmission.

NOTES: 1. VEHICLES OF 1 TON OR LARGER ARE NOT COVERED BY ACT 493.

2. SUBSTITUTIONS FOR VEHICLES SCHEDULED FOR REPLACEMENT WILL NOT BE MADE WITHOUT PRIOR APPROVAL FROM DFA - ADMINISTRATIVE SERVICES.